State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. Output Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Division Of Business Services 16-66(b&c)) is subject to a penalty fee of \$25.00.	Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
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ANNUAL REPORT YEAR: 2017	
1. ID No. <u>001445486</u>	
2. Exact Name of the Limited Liability Company <u>AEGIS INSURANCE AGENCY, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. 524210	. Download
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhoo	de Island
INSURANCE AGENCY	
5. Principal Office Address	
No. and Street: <u>4 COVENTRY SHOPPERS PARK</u>	
City or Town: COVENTRY SHOTTERSTARK State: RI Zip: 02816 Court	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: 4 COVENTRY SHOPPERS PARK	
	ntry USA
City or Town: <u>COVENTRY</u> STOFFERS FARK City or Town: <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02816</u> Cour	
City or Town: COVENTRY State: RI Zip: 02816 Cour 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	<u></u>
City or Town: COVENTRY State: <u>RI</u> Zip: 02816 Cour 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
City or Town: COVENTRY State: RI Zip: 02816 Cour 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL P. CARTER 222 JEFFERSON BLVD WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of October, 2017 at 11:08:11 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DANIEL P. CARTER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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